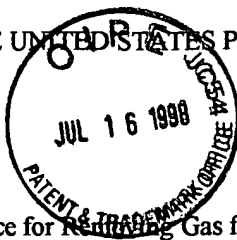


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brockhoff
Serial No.: 08/938,173
Filed: 9/26/97
Title Method & Device for Reducing Gas from Gas-

Group Art Unit: 1306
Examiner:
Attorney Docket No: 1267



GM 1306
1724
11/17

Date of Deposit: July 13, 1998

I hereby certify that this paper is being deposited with the United States Postal Service, with sufficient postage, as first class mail, in an envelope addressed to the Assistant Commissioner of Patents and Trademarks, Washington D.C. 20231:

Signature:

Printed Name: Stephanie J. Smith

TRANSMITTAL LETTER

Assistant Commissioner of Patents and Trademarks
Washington, D.C. 20231

Enclosed for filing with the United States Patent and Trademark Office are the documents listed below. Please consider this a Petition for Extension of Time for a sufficient number of months to enter these papers, if appropriate.

- Revocation of Power of Attorney
- Power of Attorney
- Post card

Respectfully submitted,
KEVIN BUSINESS CORPORATION
By its attorneys:

Date:

7/13/98

Stephanie J. Smith
Registration No. 34,437
Beck & Tysver, P.L.L.P.
1011 First Street South, #440
Hopkins, MN 55343
Telephone: (612) 933-3412
Fax: (612) 933-3049

RECEIVED
98 JUL 21 11:10:02
GROUP 1306



#6
1125 9884

Please type a plus sign (+) inside this box ☒

PTO/SB/81 (11-86)

Approved for use through 6/30/99. OMB 0651-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	08/938,173
Filing Date	09/26/97
First Named Inventor	Brockhoff, Alexander
Group Art Unit	1306
Examiner Name	
Attorney Docket Number	1267

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert C. Beck	28,184
Daniel A. Tysver	35,726
Stephanie J. Smith	34,437

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Beck & Tysver, P.L.L.P.				
Address	1011 First Street South				
Address	Suite 440				
City	Hopkins	State	MN	ZIP	55343
Country	USA				
Telephone	(612) 933-3043	Fax	(612) 933-3049		

I am the:

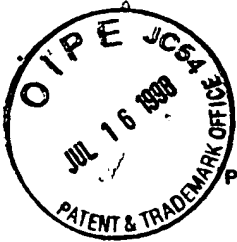
☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Kevin Business Corporation
Signature	Georgt Vogt
Date	6/16/988

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



Please type a plus sign (+) inside this box → ☒

PTO/SB/82 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	08/938,173
Filing Date	09/26/97
First Named Inventor	Brockhoff, Alexander
Group Art Unit	1306
Examiner Name	
Attorney Docket Number	1267

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

Place Customer
Number Bar Code
Label here

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City				
Country		State		ZIP
Telephone		Fax		

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Kevin Business Corporation
Signature	X Georg Vogt
Date	6/16/98

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.